

Health Care Reform: From Episteme to Arete

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Aristotle

- ***Episteme***
 - Cognitive knowledge, science
- ***Techne***
 - Craft/Art of medicine
- ***Phronesis***
 - Practical wisdom
- ***Arete***
 - Excellence

Objectives

- To clarify some of the issues relevant to health care reform;
- To explore a frame that may help as we try to design better and more patient-centered systems;
- To identify strategies of effecting health care reform;
- To explore what true excellence might look like.

The Problem

Disturbing Facts

- The U.S. spends \$1.3 trillion per year on health care
- Between 44,000 and 98,000 Americans die each year as a result of medical errors
- Most errors are caused by system failures rather than bad doctors or nurses.
- On average only 53% of patients get care that is known to be “best.” This is independent of financial model of care.

“Low-quality health care in the U.S. costs nearly \$400 billion a year, or about 30 percent of the \$1.3 trillion spent annually, according to a study last year by the Chicago-based Midwest Business Group on Health”

Chicago Tribune

April 13, 2003

Some Views of Medical Error

Blendon, et.al NEJM, 2002

	Physicians	Public
Experienced an error in their own care or that of a family member	35%	42%
Error had serious consequences	18%	24%
Death from error	7%	10%

All systems are perfectly
designed to get the
results they are getting.

Paul Batalden, MD and Don Berwick,
M.D.

Trying harder won't work;
redesign is the new skill
needed.

Public's View of Cause of Error

Blendon, 2002

- 1) Insufficient time spent by doctor with patient
- 2) Overwork, stress, fatigue of health professionals
- 3) Failure of health professionals to work together or communicate as a team
- 4) Understaffing of nurses in hospitals
- 5) Complexity of medical care
- 6) Mistakes made by individual health professionals

Four Issues for Health care Reform

- “Do you want to get well”
- Flawed relationships
- Individual and system competence
- Types of conversations needed
- Complicated or complex?

Issue Number One: **The Problem Reframed**

Our relationships with
patients, colleagues and
society are flawed.

Treatments appear to be
emerging as professionalism
is renewed. Much work
remains.

Underlying Assumption

The quality of life for our patients and ourselves is directly related to the quality of the conversations in our lives.

Issue Number Two:
Individual Competence
and System Competence

What does Patient-
Centered Care mean for
Doctors?
For Systems?

Aristotle

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 - Cognitive knowledge, science
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Phronesis:

The Heart of the Matter

While knowledge and skills are prerequisite, our real value to society comes from our capacity to make good clinical judgments. Health professionals seek practical wisdom.

Phronesis:

Knowing exactly which
rule to break and exactly
how far to break it to
accommodate the reality
before you

John Kostis, M.D.

Patient-Centered Care for Doctors means ...

Taking action based on the
particulars of patients, not
just on our mental models of
disease.

“Reason made perfect in
cognition of truth
(reality)”

Thomas Aquinas
Definition of Prudence

Patient-Centered Care for Systems means...

Taking action based on
“locally useful” knowledge as
well as system models.

General Competencies for Doctors (*and systems*)

- Patient care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

Competencies for Systems *(and doctors)*

- Integration of information
- Measurement
- Interdependence
- Supportiveness of the larger organization
- Constancy of purpose
- Investment in improvement
- Alignment of roles and training
- Connection with community

Julie Mohr, Ph.D.

*What we have learned that may
be useful.*

Competence is hard

And yet can be immensely
satisfying.

Reason #1: **Competence is a Habit**

*Assessment of habits requires
relationship over time.*

Not can you do it, but do you do it.
Accountability, Trust

Reason #2

*Medicine is a **cooperative**
rather than productive art.*

Therefore,

the quality of the activity is
dependent on the quality of
the relationships.

Medicine: A Cooperative Art

*Cooperates with the body's
natural tendency to heal*

*Does not provide “a pound of
healing” rather removes barriers to
healing*

*Judging individuals or systems based
on relationships is hard.*

*Another Reason
Competence is Hard:*

*The important things
are hard to measure.*

Dee Hock's Criteria for Hiring People

(*Systems???*)

- Integrity

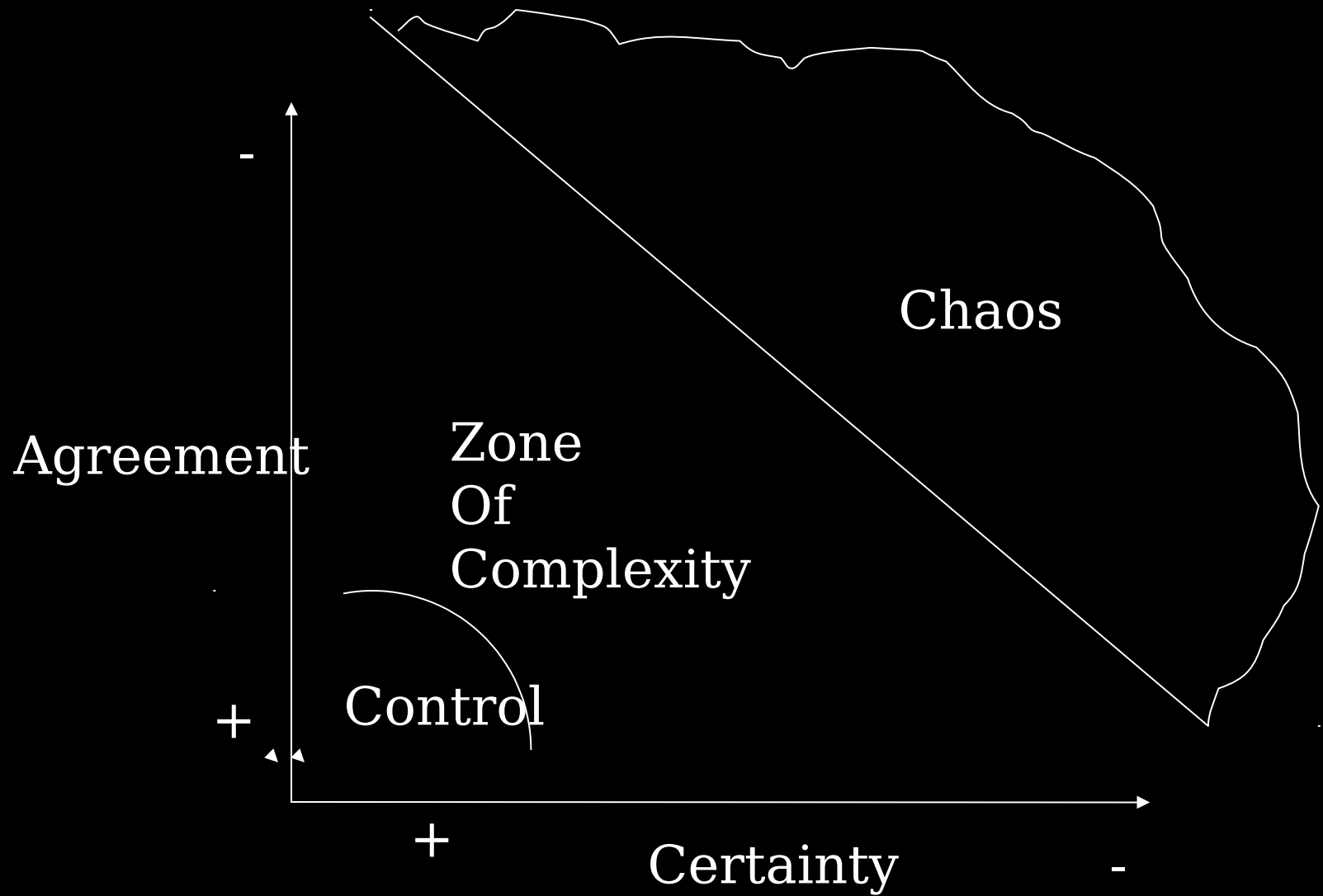
- Motivation
- Capacity
- Understanding
- Knowledge
- Experience

Another Reason:

Knowing the rules is not
enough.
Health professionals and their
systems need to prepare for the
unknown.

*How they think is as important as what
they think. (and may be more important
over time)*

Stacey, 1996



Another Reason:

The Continuum:

Novice

Advanced Beginner

Competent

Proficient

Expert

Master

Dreyfus Brothers

“To become competent,
you must feel bad.”

Hubert Dreyfus

Conceptual Model

	Patient Care	Med Know	Practic e Based Learnin g	Inter & Comm Skills	Profess - ionalis m	System- based Practic e
Novice						
Advanc e Beginn er						
Comp						
Proficie nt						
Expert						
Master						

Knowledge is not a thing
but an active process of
relating (to truth, to
others)

Ralph Stacey

Issue Number Three:
Learning and Conversation:
Real and Virtual
Conversations

Ba, Cynefin, Ecotones & Swift
Trust

Ba & Cynefin

- **Ba**

“Shared space for emerging relationships” (Nonaka)

Conversion between explicit and tacit knowledge

e.g. scientific meeting

- **Cynefin** – “kun-ev’in”

- Familiar habitat, acclimatized (Snowden)

- Links community with its shared history

- “Doing a Margie” e.g. stable clinical microsystem

- **Enables intuitive response to uncertainty**

Ecotone

Transition zones and
biodiversity

**Enhanced capacities for
learning**

Swift Trust

Myerson, Weick, Kramer

- Zero history groups
- **Predicated on expectation of trust**
- Swiftly clarify roles to perform task
- Collective perception to manage:
 - Vulnerability
 - Uncertainty
 - Risk
 - Expectations
 - E.g. Cardiac resuscitation team

Patient-Centered Care

Berwick

- Patient and community → Experience
- Microsystem → Processes
- Organization → Facilitates process improvement
- Environment → Facilitates facilitation

System Competence

A good system makes it hard
to do the wrong thing and
easy to do the right thing; a
bad system: the reverse.

What is a clinical microsystem?

- Small group of doctors, nurses, techs, ...
- Some administrative support
- Information and information technology
- A small and dynamic population of patients
- Interdependent for common aim, purpose

Paul Batalden, M.D.

Macrosystems and Microsystems

Paul Batalden, M.D.

Macrosystems

- Academic medical center
- Medical school
- Departments
- The ACGME

Microsystems

- Labor and delivery unit
- ICU/CCU
- OR
- Ambulatory clinic
- An interventional unit in radiology

The anatomy of an
academic medical center
does not support the
physiology of the
microsystems.

Paul Batalden,
M.D.

Substance is enduring;
form is ephemeral.
Preserve substance;
modify form; know the
difference.

Dee Hock

Substance attracts
resources; form attracts
expenses.

Dee Hock

Microsystems have a high substance to form ratio; macrosystems have the reverse.

Systems-based Practice

- A portfolio of system experiences
- The sixth vital sign
- “It’s really weird how they do things around here.”
- Locally useful knowledge vs. content knowledge

Turning a Team of Experts (competence) into an Expert Team (a reliable system)

- Foster shared mental models of the tasks
- Training in situation awareness, communication, team leadership, adaptability and compensatory behavior
- Rehearsals/Debriefings
- Cross training in roles
- Conduct periodic updates as a team

Professionalism

Berwick

20th century

- Autonomy
- Solo practice
- Continuous learning
- Blame/shame
- Knowledge

21st century

- Teamwork
- Systems
- Improvement
- Problem solving
- Change

Arete

- Excellence
- Using all of our faculties for maximal effectiveness
- Virtue integrated

Issue Number Four: **Another Problem**

Some have assumed that
health care is merely a
complicated phenomena.

A Model

Complicated and Complex Systems: What Would Successful Reform of Medicare Look Like?

*Sholom Glouberman and Brenda
Zimmerman,*

July, 2002

Future of healthcare in Canada

Glouberman and Zimmerman

- Simple – cookbook
- Complicated – sending a rocket to the moon
- Complex – raising a child

Simple Problems

- Master a few basic techniques
- Follow the recipe
- There is a high assurance of success
- Example – cooking from a recipe

Complicated Problems

- Contain subsets of simple problems, but...
- are not merely reducible to them
- Involve scale, issues of coordination, and specialized expertise
- Example – sending a rocket to the moon

Complex Problems

- Can encompass both simple and complicated subsidiary problems but...
- are not reducible to either
- Sensitive to unique local conditions, interdependency, usually nonlinear, ambiguity and uncertainty
- Example – raising a child

Simple, Complicated, Complex Glouberman & Zimmerman

<u>Recipe</u>	<u>Rocket Moon</u>	<u>Raising a Child</u>
Recipe is essential	Formulae are critical	Formulae of limited use
Recipes are tested	One rocket helps prepare for second	Raising one child does not assure success with the second
Standardized product	Similar in critical ways	Every child unique, emergent outcomes
No expertise needed	Expertise essential	Expertise not necessary or

Conversations about Competencies

- ACGME – *“We invite you to respond to the challenge of assessing the competence of your residents.”*
- Program Directors – *“What would you like us to do?”*
- ACGME – *“We don’t really know. Do something and we’ll let you know if you did the right thing.”*
- Program Directors – *“You’ve got to be kidding.”*

Conversations about Duty Hours

- ACGME – *“We will tell you exactly what to do to reform duty hours.”*
- Program Directors – *“That won’t work for my program.”*
- ACGME – *“Every program must do the same thing.”*
- Program directors – *“You’ve got to be kidding.”*

Fundamental differences between the two initiatives

*Competence was framed as a
complex problem and an
invitation.*

*Duty hours was framed as a
complicated problem requiring a
prescription.*

Duty Hours vs. Competencies

Complicated

- Linear
- Solution external to system
- Adaptation to static environment
- Designed outcomes
- Analysis
- Rules helpful

• **Complex**

- Nonlinear
- Solution is part of system
- Interaction with dynamic environment
- Emergent outcomes
- Synthesis
- Values helpful

Courtesy of Batalden

Complicated

- What structures do we need?
- What do we have to give up?
- Can we afford to reduce duty hours? How much will this cost?

Complex

- **How do we build on formal and informal networks to enhance education and patient care?**
- **How can we make programs more attractive?**
- **How can we use existing resources to contribute even more to the identity of academic medical centers?**

*What one book would you
like to have with you if you
were stranded on a desert
island?*

Asked of G. K. Chesterton

A Practical Guide to Shipbuilding

“To Teach is To Create a
Space in which Obedience
to Truth is Practiced”

Abba Felix

Desert

Father

What we attend to and
how we attend to it
defines who we are.

A Community of Practice

- Open data systems
- Celebrate benchmarks across disciplines
- Build knowledge about how to design arete into health care systems
- Enhance public accountability
- Restore joy in work and learning

To Teach/Learn is to
create a
Space/Community in
which obedience to truth
is practiced.